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Bib Data Sheet

|                             |                                       |              |                        |   |
|-----------------------------|---------------------------------------|--------------|------------------------|---|
| SERIAL NUMBER<br>10/787,348 | FILING DATE<br>02/26/2004<br><br>RULE | CLASS<br>326 | GROUP ART UNIT<br>2819 | ATTORNEY<br>DOCKET NO.<br>X-1102-1P-1D US |
|-----------------------------|---------------------------------------|--------------|------------------------|---|

APPLICANTS

Stephen M. Trimberger, San Jose, CA;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a DIV of 10/245,741 09/16/2002 PAT 6,720,793  
 which is a CIP of 10/150,044 05/16/2002 PAT 6,624,654 *OK Stan*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*None Stan*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
**\*\* 05/15/2004**

|  |   |                           |                        |                       |                            |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br>35 USC 119 (a-d) conditions<br>met<br>Verified and<br>Acknowledged | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br><i>Stan</i><br>Examiner's Signature Initials | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>4 | TOTAL<br>CLAIMS<br>24 | INDEPENDENT<br>CLAIMS<br>3 |
|--|---|---------------------------|------------------------|-----------------------|----------------------------|

ADDRESS  
 24309  
 XILINX, INC  
 ATTN: LEGAL DEPARTMENT  
 2100 LOGIC DR  
 SAN JOSE , CA  
 95124

TITLE  
 Quintuple modular redundancy for high reliability circuits implemented in programmable logic devices

|                                   |   |   |
|-----------------------------------|---|---|
| FILING FEE<br><br>RECEIVED<br>842 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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